


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90019 048 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000003734</b>					
1. Corporation Name <b>COCOA YOUTH FOOTBALL ASSOCIATION, INC.</b>					
Principal Place of Business 1881 ROSETINE ST. STRADLEY PARK COCOA FL 32922			Mailing Address P.O. BOX 1463 COCOA FL 32923		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/28/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3258954	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HURST, WILLIAM W 622 LAKE TAHOE DRIVE COCOA FL 32926				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	Treasurer Director (TD)		
NAME	HURST, WILLIAM W			1.2 NAME	Nancy K. Montgomery		
STREET ADDRESS	622 LAKE TAHOE DRIVE			1.3 STREET ADDRESS	3425 Cherry Street		
CITY-ST-ZIP	COCOA FL 32926			1.4 CITY-ST-ZIP	Cocoa, FL 32926		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOODY, HERB			2.2 NAME			
STREET ADDRESS	1096 CORONADO DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAUFMAN, KEVIN D			3.2 NAME			
STREET ADDRESS	4625 DOWLING DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL 32927			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COWAN, JAMES			4.2 NAME			
STREET ADDRESS	1104 PARK DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL 32922			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURST, DEBRA E			5.2 NAME			
STREET ADDRESS	622 LAKE TAHOE DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL 32926			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Hurst 4/28/99 407-632-3032  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)